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Psychological Society
Promoting excellence in psychology

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The Society has offices in Belfast, Cardiff, Glasgow and London, as well as the main office in Leicester. All enquiries should be addressed to the Leicester office (see inside front cover for address).

The British Psychological Society

was founded in 1901, and incorporated by Royal Charter in 1965. Its object is 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'.

Extract from *The Charter*



President's column

Richard Mallows

Contact Richard Mallows via the Society's Leicester office, or e-mail: presidentmallows@bps.org.uk

My March copy of *The Psychologist* arrived this morning. I was tempted to read it and guiltily put off writing my April column. Is this a positive move after reading and enjoying Anna Abramowski's article, 'Is it time for "active" procrastination?' I have eleven months as President because of a change in hand-over time, so there is now little time for me to carry on the changes I inherited and have instigated.

In the last two columns I have considered expectations and dialogue, both of which have been a major feature of my recent life. I now turn my attention to decision making. Many of you, like me, will be faced with an overwhelming amount of incoming information. Fortunately, the BPS has clear structures, processes and procedures so the President is extremely well supported. At times I am called upon at the presentation stage, after others have done the necessary careful filtering and negotiation in order to make a prudent decision. At other times, I feel responsible for making the best decision I can based upon informed reasoned judgements. When workloads are heavy there is always the temptation to go for the 'administrative' model, that is, deciding on the first acceptable solution. However, given the short time in post, if the President is to make a positive contribution, it is imperative that the optimal solution is sought.

A recent BBC *Horizon* programme purported to tell us how we really make decisions [see p.289]. There was much wasted time in this documentary, but it did reveal the potential for murky waters when behavioural economics is mixed with psychology. The recent part privatisation of the Behavioural Insights Team, or more commonly the 'nudge' unit, might ring alarm bells for those of us concerned with knowing the value compared with the price of everything.

There are big decisions to be made by the Society not least of which is the Strategic Plan, currently with the Member Networks for a

second consultation. Hopefully, psychologists in reaching their decisions will avoid confirmation bias and the variety of pitfalls they have already well elaborated. Another important decision relates to our relationship with the European Federation of Psychologists' Associations. David

Lloyd George advises us not be afraid to take a big step when it is indicated, since you can't cross a chasm in two small steps. Closer to home we need to consider in greater depth our unique relationship with the Psychological Society of Ireland. We have a Memorandum of Cooperation but we need to decide how this might be further developed into a Memorandum of Understanding.

Now, we are on our own doorstep. We all benefit from the hard work done by our office personnel and member volunteers. We are planning internal reviews of the BPS, when the employees will be

asked to provide critical information to the decision makers of the organisation. At the same time we plan an audit of the trustees. As Honorary Treasurer I was involved with annual audits of the Society finances. The audit of the trustees will be concerned with skill sets and fitness for purpose.

This time last year I was wondering what I might write in my first column. I considered a range of possibilities in terms of values, style and content. Some material is predictable such as the column aimed at students in the autumn. Other content is unpredictable such as meeting a government minister or opening the Mind Maps exhibition at the Science Museum. I hope my writing has shed some light upon the life of the President, and that you have found them interesting. This is my penultimate column, so I only have one more opportunity to write in this space. Any feedback or a suggestion a member might wish me to include would be most welcome, and could find a way into my final column.



You can't cross a chasm in two small steps



In love with psychology

Sue Northrop and Adam Mahoney report from BPS Scotland's Scientific Meeting and AGM

If you can't spend Valentine's Day with the person you love then the next best thing must be to spend it in the company of people who share your passion for psychology. That is at least one logical explanation for why over 50 psychologists from across Scotland spent 14 February together in a chilly and snow swept Edinburgh at the Society's Scottish Branch AGM and Scientific Meeting.

This year we were at prestigious Surgeons' Hall in Edinburgh, a venerable and magnificent building, oozing centuries of medical history. In attendance were plenty of equally eminent and keen psychologists, and as the new Chair, Dr Sue Northrop, was proud to note a greater number of eminent women than our surgeon colleagues (judging from the portraits that adorned the walls) seem to have!

The short and functional AGM recognised and thanked the contributions that outgoing chair Dr Zoë Chouliara had made to the Scottish Branch and welcomed Dr Northrop in taking up this role. This was followed by the main business of the day – the Scientific Meeting. This year we were addressed by two very eminent psychologists from two ostensibly different psychological backgrounds – counselling and forensic psychology.

Stephen Joseph, Professor in Psychology, Health and Social Care at Nottingham University, spoke about post-traumatic growth and outlined the inherent resilience that most people bring to adverse life events [see 'What doesn't kill us... ', November 2012]. In one of his research studies he spoke to survivors of the 1987 Herald of Free Enterprise disaster, and three years after the event 46 per cent said that their life view had since changed for the worse, but 43 per cent said it had changed for the better (Joseph, 2011). His research has demonstrated that positive growth was found in changes across a range of areas including self-perception, life perspective and relationships. People

whose life view had changed for the better spoke of valuing relationships, a keen sense of the value of life and love.

This is not about happiness, said Professor Joseph, but about psychological well-being, autonomy, mastery, personal growth, positive relationships, self-



Professor Joseph

acceptance and having a purpose in life. Growth arises from a struggle for meaning not from trauma Professor Joseph emphasised; it is about cognitive processing and active, reflective rumination and active emotion-focused coping. Therefore being able to measure

post-traumatic growth can have important implications for

both practice and research (Joseph et al., 2012).

Our second speaker was Mary McMurrin, Professor of Personality Disorder Research, also from Nottingham



Professor McMurrin

University. Professor McMurrin's presentation was on enhancing treatment engagement and completion for people with personality disorders. Professor McMurrin's research found a wide variation in the completion rates for different

services – some services had non-completion rates of up to 80 per cent

whereas others were as low as 15 per cent.

Non-completion of treatment is problematic for a wide range of reasons. Professor McMurrin's research has demonstrated that short- and long-term clinical outcomes for non-completers are worse. Non-completion has also

considerable financial implications; costs of up to £144k over a 10-year period post-discharge to NHS and criminal justice services (Sampson et al., 2013).

However, Professor McMurrin's presentation also highlighted factors that can enhance completion rates; for example, preparing clients for treatment and training staff to engage with clients properly. This includes clients being welcomed, collaboratively structuring their expectations and goals pre-therapy and developing a positive therapeutic alliance. Professor McMurrin emphasised the importance of getting the 'basics' right in enhancing engagement and by helping clients see how treatment can help them achieve what they want in life (Wood & McMurrin, 2013).

Professors Joseph and McMurrin may seem to have come from different psychological worlds, but what came across was a focus on how we work alongside people, helping them transform their lives even when the odds are stacked against them. This is very much in tune with the policy and practice culture in Scotland where we are focusing on transforming public services to work with (or co-produce) outcomes with clients, patients, users or communities. To help people construct their own meaning and develop the ability to achieve their own goals. The role of psychology in enhancing the quality and experience of our lives shone through the day.

As the winter snow swirled round the buildings, a lot of very happy psychologists left Edinburgh with the warm glow of satisfaction of a good day spent in the company of peers across the disciplines. It was a really great day to be a psychologist!

I A copy of the presentation slides can be found at <http://Scottish.bps.org.uk>

References

- Joseph, S. (2011). *What doesn't kill us: A guide to overcoming adversity and moving forward*. London: Piatkus.
- Joseph, S., Maltby, J., Wood, A.M. et al. (2012). The Psychological Well-Being Post-Traumatic Changes Questionnaire (PWB-PTCQ): Reliability and validity. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(4), 420-428.
- Sampson, C., James, M., Huband, N. et al. (2013). Cost implications of treatment non-completion in personality disorder. *Criminal Behaviour and Mental Health*, 23, 321-335.
- Wood, K. & McMurrin, M. (2013). A treatment goal checklist for people with personality disorder. *Personality and Mental Health*, 7, 298-306.



Health and Care Professions Council – perspectives of a new council member

The Health and Care Professions Council (HCPC) is responsible for the statutory regulation of 16 health and social care professions including practitioner psychologists. The purpose of the HCPC is to safeguard the health and well-being of persons using or needing the services of registrants (Health and Social Work Professions Order 2001). In turn the work of the HCPC is overseen by the Professional Standards Authority (PSA) for Health and Social Care. The regulatory function of the HCPC is in essence the same as that of other regulatory bodies, such as the General Medical Council (GMC).

Within the HCPC, practitioner psychologists are the seventh largest group of registrants accounting for around 20,000 of the 321,735 total number of registrants. The largest single group of registrants are social workers with around 86,000 registered. HCPC processes and standards are captured in four key documents: Standards of Education and Training, Standards of Conduct, Performance and Ethics, Your Guide to Continuing Professional Development, and Registration and Standards of Practice. This last document, of the four, is discipline-specific, thus in the psychological domain they would be for practitioner psychologists.

In keeping with other professions included on the register we reregister every two years. The cost of registration is kept relatively low compared with other professions. Registration currently costs £80 per annum which compares favourably with sector norms for regulation. For example, nurses pay £120 per annum and medics pay £440 per annum. The regulatory bodies are not supported by ongoing central government funding and thus need to cover all costs and activities with the use of registrant fees.

In the Society we argued and advocated the need for statutory regulation for many years. At the time of the debate around whether or not the regulatory power should be exercised

through the Society or a separate umbrella body it was easy to lose sight of the prize of statutory regulation. Inevitably there were, and probably still are, a range of views around how we should or should not proceed with such powers.

The HCPC Council is made up of six registrant members and six lay members. This smaller council with an equal number of lay and registrant members is in keeping with what has been happening in regulation more widely. Because all 16 registrant groups do not enjoy ‘representation’ on the Council this means that there is a shift in the role of registrants from a tendency to advocacy or representation of a particular profession to a broader consideration of public benefit along with lay colleagues. This must



Professor Graham Towl

surely be a healthy sign given our primary purpose. Arguably the inclusion of multidisciplinary regulation brings with it a greater range of balances and checks in terms of our professional practices.

It may be helpful to illustrate the ethical importance of such balances and checks within the disciplines of practitioner psychologists. In the strategic framework for psychological services in prisons and probation services (2003) for the first time, the need for the full range of applied psychologists working in prisons and probation was acknowledged in an explicit official policy statement. There had been a traditional reliance very largely upon forensic psychologists in such organisations. The wider recruitment of health, counselling, educational and clinical psychologists served not only to improve services but also was recognition of the need to see the offender as an individual with complex needs and not simply an ‘offender’. The professional lenses of each of these practitioner psychologist disciplines are in many ways diverse. It is this diversity that is such a strength, in improving our services. Of course, the diversity was not

only a matter of discipline but agency too. Indeed, this paralleled broader changes in healthcare provision in prisons at the beginning of the 21st century with a move from HM Prison Service staff providing such services to a range of staff from within the NHS. These benefits can be all the more powerful when we consider the full range of health and social care disciplines and agencies.

In terms of improving the quality of regulation, diversity serves to dilute particular professional (self) interests, sometimes this is simply a matter of perception but is nonetheless powerful. The increase in the proportion of lay members on regulatory bodies again serves to provide a balance and check to the power of professions. This move to greater transparency and openness of decision making sits well as a base to ethical policy and practice.

Building upon the ethical advantages associated with diversity, we may look at the broader educational benefits. We can learn much from each other both across and within professional groups. This is perhaps especially so when we have to engage in some of the more difficult and challenging aspects of professional practice. One major challenge for health and social care professionals is to try to ensure that those most in need of our services receive them. This is a genuinely difficult policy and practice issue for a range of reasons. Thus, at a fundamental level our areas of commonality of purpose and function are pervasive. But each profession can bring different knowledge and competencies to the task of addressing some of the most challenging issues to face us in health and social care. Some of our prospective clients or patients who are most in need can, even when identified, be some of the more challenging to engage with us in the services we offer.

We clearly still have much to learn and do, and I very much look forward to meeting with colleagues from a range of health and social care professions and sharing expertise on how we can continue to improve regulation with a firm focus upon the outcome of ensuring that the (whole) public are the beneficiaries of what we do.

*Professor Graham Towl
Registrant Council Member of HCPC*



Scaffolding: Integrating social and cognitive perspectives on children's learning at home

A series of three seminars sponsored by the Society will explore the extent to which sociocultural theories of learning, in particular theories of instructional scaffolding, can be applied to parent-child tutoring interactions with specific reference to parents' support for children's homework.

The seminars will be hosted at Canterbury Christ Church University and the University of Sussex between May 2014 and June 2015. Seminars are free to attend, but places will be limited so you are advised to register early.

The first seminar takes place in Canterbury on Thursday 15 May 2014 and will be led by an address from Professor David Wood.

Further details and registration: <http://scaffoldingseminars.co.uk>

Society vacancies

Professional Practice Board

Chair to lead review of 'Generic Professional Practice Guidance'

See advert p.273

Contact

Matthew Smith-Lilley matthew.smith-lilley@bps.org.uk

Closing date 28 April 2014

Dementia Advisory Group

Chair

See advert p.273

Contact

Carl Bourton carkl.bourton@bps.org.uk

Closing date 30 April 2014

Research Digest

Editor (full-time staff role)

See advert p.283

Contact

Personnel personnel@bps.org.uk

Closing date 31 March 2014

The Psychologist

Journalist (full-time staff role)

See advert p.283

Contact

Personnel personnel@bps.org.uk

Closing date 31 March 2014

STRATEGIC PLAN – HAVE YOUR SAY

As you may be aware, the Board of Trustees has been developing a new strategic plan to guide the Society's work for 2015–2020. Following an initial consultation in 2013 with individual members, Member Networks and Society staff, we are now inviting further feedback on the draft plan.

For more information sign in to the website and visit www.bps.org.uk/strategicplan2015-2020 where you will find a summary of submissions from the first-stage consultation; the draft plan; and details about how to take part in the second-stage consultation. The submissions to this second consultation will be used to inform discussions of the final draft.

The deadline for submitting your comments is noon on Friday 16 May. If you would like to request a hard copy of these documents please e-mail: strategic.plan@bps.org.uk

SOCIETY NOTICES

Psychology in the Pub See p.231

Division of Forensic Psychology annual conference, Glasgow, 25–27 June See p.249

BPS Annual Conference, Birmingham, 7–9 May See p.i

Book Award – call for nominations See p.260

Professional Practice Board Lifetime Achievement Award – call for nominations See p.260

BPS conferences and events See p.266

Learning Centre – call for 2015 workshops See p.268

Learning Centre 2014 CPD workshops See p.269

Professional Practice Board Practitioner of the Year Award – call for nominations See p.270

Professional Practice Board Award for Distinguished Contributions to Psychology in Practice – call for nominations See p.270

A lasting contribution – remembering the Society in your will See p.274

Psychotherapy Section annual training conference, London, 8 July See p.294